

P.O. Box 190068
56 North Highway 143

Brian Head, UT 84719
435-677-2029



**BRIAN HEAD TOWN
BUSINESS LICENSE APPLICATION**

- ☐ **New Business Application**
☐ **Renewal Application**

License No. _____
Date of Application: _____

I, hereby make application for a license to transact business in the Town of Brian Head, County of Iron, State of Utah, for the period from _____ through the 30th day of September 20____.

APPLICANT INFORMATION

APPLICANT NAME: _____

HOME STREET ADDRESS: _____

PHONE NO. _____, **CELL NO.** _____

E-MAIL ADDRESS: _____

BUSINESS INFORMATION

NAME OF BUSINESS TO BE LICENSED: _____
(As registered with the State of Utah)

**NAME OF REGISTERED AGENT AUTHORIZED
TO RECEIVE SERVICE OF PROCESS:** _____

PHYSICAL LOCATION OF BUSINESS _____

MAILING ADDRESS _____

PHONE _____ **HOME** _____ **FAX** _____

E-MAIL ADDRESS: _____

WEBSITE ADDRESS (If applicable): _____

BUSINESS SIGNS: Has your sign been modified in any way? Yes / No
If Yes, please give details of modifications: _____

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Previous Business License No.	State Sales Tax No. (If you do not have a current Utah State Tax I.D.# visit www.utah.gov for more information)	State License No.
Utah DBA File No.	Federal ID No.	Social Security No.

Business Type: ____ Corporation State of _____ ____ Limited Liability Corp. ____ Limited Liability Partnership ____ Non-Profit ____ Partnership ____ Sole Proprietorship	Name and Titles of Officers:
If Corporation, Principal Office and Place of Business Address:	Type of State / County License Issued: (Please provide a copy of your valid State/County Permit)

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: _____

MULTI-NIGHT CABIN RENTALS:

Responsible Party(local):	Address (home):	Telephone No.:
Owner Name:	Address (home):	Telephone No.:

I certify under penalty of perjury and license revocation that I am the authorized representative of the property owner, that I have read, know and fully understand the information and provisions of this license and the accompanying Ordinance section governing nightly rentals that as the legal representative for the property for which application for a business license is made and acting as the agent of the owner for said property I recognize and understand that residential buildings which may be used as nightly rentals, including all single family homes may have not been constructed in a manner to meet building code requirements for commercial buildings; I do hereby agree and represent to Brian Head Town that said residential units will not be used for any other purpose other than the intended single family use; I certify that the information provided and represented are complete and correct to the best of my knowledge and my application is in accordance with Brian Head Town Ordinances. This license shall be void if information provided and representations provided by the licensee is incorrect or later changes and I fail to update such information within ten business days of the change of information. The Ordinance indicates that a \$15.00 inspection fee shall be paid at the time of application for all new businesses and all businesses that have changed location. I acknowledge and understand the following: 1) **THIS IS NOT A LICENSE** but merely an application for a license to do business within Brian Head Town. 2) If my application is approved, I shall be notified and issued a licensed certificate which must be displayed at my place of business at all times. 3) That all business licenses expire on the 30th day of September of the year issued. 4) That the granting of this license to do business within Brian Head Town does not discharge or replace any other licensing or registration requirements that I may have under Town, County, State or Federal laws.

Signature of Applicant / Owner

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FEES:

\$80.00 - NEW APPLICATION

\$40.00 – RENEWAL APPLICATION

ADDITIONAL BUSINESS SERVICES:

OFFICE USE ONLY

Building / Zoning Department:

Inspection Date: _____

Approved / Denied

Zone: _____

Signature – Signed off

Permitted Use: Yes / No

Conditional Use Permit: Yes / No

Non-Conforming Use: Yes / No

Public Works Department

Comments: _____

Signature – Signed off

Public Safety Department

BCI Check Required: Yes / No.

Alcohol Licensed: Yes / No

Fire Inspection: Yes / No

Inspection Date: _____

Signature – Signed off

Administration Department

All Fees Paid: Yes / No

All Departments Signed off: Yes / No

Application Approved: Yes / No

If Denied, date of letter sent: _____

Signature – Signed off

Date of Staffing: _____